FORM **DP-175**

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION REGISTRATION FOR ELECTRONIC FUNDS TRANSFER OF BUSINESS TAX PAYMENTS

GENERAL INSTRUCTIONS

FOR DRA USE ONLY

WHO MUST	NEW HAMPSHIRE'S BANK ACCOUNT INFORMATION WILL BE PROVIDED TO YOU ALONG WITH YOUR APPROVAL FOR TH HAMPSHIRE ELECTRONIC FUNDS TRANSFER PROGRAM.				
FILE	New Hampshire requires all taxpayers having a total liability for Business Profits Tax, RSA 77-A, and/or a Business Enterprise Tax, RSA 77-E, of \$100,000 or greater for the most recently filed tax year to submit tax payments by electronic funds transfer (EFT). Taxpayers with tax liabilities under the mandatory threshold of \$100,000 may also participate in New Hampshire's EFT program.				
WHAT TO FILE	If you meet the mandatory threshold to make your tax payments via EFT, you must submit this form to register as an EFT taxpayer with the New Hampshire Department of Revenue Administration. If you are below the mandatory threshold, but wish to voluntarily participate in the EFT program, you must submit this form to register with the Department. The information provided on this form should include the name, address and telephone number of the contact person(s) for EFT purposes. In addition, this form should be used to report any changes in your registration information (i.e., a change in taxpayer contact, telephone number, etc). This form is available in the EFT Program Information Guide and in the New Hampshire Package X. The Package X does not include the instructions or record formats required to make your payments via EFT. If you use the Package X, please contact Department's Document Processing Division at (603) 271-2186 for the complete EFT Program Information Guide.				
WHEN TO FILE	This form must be filed at least 30 days prior to the due date of your first EFT payment. Any changes in the registration information must be provided to the Department at least 30 days prior to the change.				
PRENOTE TEST	All taxpayers participating in New Hampshire's EFT program are required to complete a successful Prenote Test at least 10 calendar days prior to the due date of their first EFT payment.				
WHERE TO FILE	New Hampshire Department of Revenue Administration, Document Processing Division, PO Box 1004, Concord, NH 03302-1004.				
NEED HELP	P Call the New Hampshire Department of Revenue Administration, Document Processing Division at (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.				
Registration for Electronic Funds Transfer of Business Tax Payments					
PLEASE PRINT OR TYPE TAXPAYER NAME			SOCIAL SECUI	SOCIAL SECURITY NUMBER	
BUSINESS NAME			FEDERAL EMP	FEDERAL EMPLOYER IDENTIFICATION NUMBER	
ENTITY TYPE: Check one of the following: 1 Proprietorship 2 Corporation 3 Partnership 4 Fiduciary NOTE: If you are a corporation and a combined group, you must check combined. LLC ENTITY TYPE: Corporation Partnership Single Member					
PRIMARY CON	TACT PERSON	TELEPHONE ()		FAX NUMBER	
SECONDARY CONTACT PERSON		TELEPHONE ()		FAX NUMBER	
NUMBER & STREET ADDRESS					
ADDRESS (continued)					
CITY/ TOWN, STATE & ZIP CODE					
Please ch	neck one of the following: New Registration Char	nge Document Appr	roved by	Date	
FOR DRAUS	NH DEPT C MAIL DOCUMEN TO: PO BOX 10	OF REVENUE ADMINISTR TPROCESSING DIVISION 1004 DNH 03302-1004	-		